



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
RADON PROGRAM

SCHOOL RADON RE-EVALUATION REPORT FORM

January 2021

The following form must be submitted to the Connecticut Department of Public Health Radon Program within ten (10) business days of providing a final written report of radon measurement activities to school personnel. **Do not send test results or other documents.** Submit only one signed form by **mail, fax OR email (preferred)** to the Radon Program at:

CT Department of Public Health Radon Program
410 Capitol Avenue MS#12RAD
Hartford, CT 06134-0308
Fax: 860-509-7295
Email: DPH.RadonReports@ct.gov

Name of School:

Address:

(Street, town, zip code)

Measurement Company:

Please provide the following summary information:

Testing Dates:

(deployment & retrieval. Include confirmatory testing dates if necessary)

Total # of Rooms Tested:

Total # of Rooms Requiring Re-Testing:

Total # of Rooms Where Average Results were at or above 4.0 pCi/L:

Radon measurement activities were performed at the location above in accordance with United States Environmental Protection Agency protocols and the Connecticut Department of Public Health Radon Program's *School Radon Testing Guidance*.

Measurement Professional / NRPP/NRSB #

Signature

Date

School Designee / Title

Signature

Date



Phone: (860) 509-7300
Telephone Device for the Deaf (860) 509-7191
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